

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023816

STATE FILE NUMBER

FILED JUN 19 1963

Registration District No. 796

Primary Registration District No. 3020

Registrar's No. 139

DO NOT WRITE
ON THIS STUD

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Washington mo</u>		c. CITY OR TOWN <u>Union mo.</u>	
Length of stay in lb <u>3 weeks</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. Frances.</u>		d. STREET ADDRESS (If outside, give location) <u>Union mo.</u>	
3. NAME OF DECEASED (Type or print) First <u>Fritz</u> Middle <u>Henry</u> Last <u>Bahrmeyer</u>		4. DATE OF DEATH Month <u>6</u> Day <u>11</u> Year <u>1963</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-5-1874</u>
9. AGE (last birthday) <u>89</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	
11. BIRTHPLACE (City and state or country) <u>USA</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. FATHER'S NAME <u>Fritz Bahrmeyer</u>		13b. MOTHER'S MAIDEN NAME <u>Wilmina Dierking</u>	
14. NAME OF HUSBAND OR WIFE <u>Sophia Happpman</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>NONE</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>Amelia Weistkopf</u>	
18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ATHEROSCLEROTIC CEREBROVASCULAR</u> DUE TO (b) <u>DISEASE</u> DUE TO (c) <u>THROMBOSIS LEFT FEMORAL ARTERY</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr?</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>7:30</u> a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>Union mo.</u>		COUNTY STATE	
21. I attended the deceased from <u>5/25/63</u> to <u>6/11/63</u> and last saw her alive on <u>6/11/63</u> Death occurred at <u>7:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u>		22b. ADDRESS <u>Union mo.</u>	
22c. DATE SIGNED <u>6/12/63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>6-13-1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Johns Casho.</u>	
23d. LOCATION (City, town, or county) <u>Leslie RAI</u>		23e. STATE <u>MO</u>	
24. FUNERAL DIRECTOR <u>[Signature]</u>		25. DATE RECD. BY LOCAL REG. <u>6/13/63</u>	
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		27. ADDRESS <u>Union mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Stanley E. Meyer

Licensed Embalmer No. 4639

P. O. Address Union 140

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.